

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State
 09-11-2000 90010 008 ***550.00

DOCUMENT # P97000040731

1. Entity Name
BARLUXE INC.

Principal Place of Business

2655 LE JEUNE ROAD
 #602
 CORAL GABLES FL 33134

Mailing Address

2655 LE JEUNE ROAD
 #602
 CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0760243

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OPLAND, LANCE
 2655 LE JEUNE ROAD
 #602
 CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME BARETGE, MAXIME C
 STREET ADDRESS WAVERLY, HASTINGS W13, WORTHING P.O.
 CITY-ST-ZIP BARBADOS, W.I.

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD
 NAME DILLEMANN, JEROME
 STREET ADDRESS WAVERLY, HASTINGS W13, WORTHING P.O.
 CITY-ST-ZIP BARBADOS, W.I.

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VSD
 NAME SHAW, ERIC W
 STREET ADDRESS 75 EAST 55TH STREET
 CITY-ST-ZIP NEW YORK NY 10022

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC W. SHAW

9/5/00

212 318 6890

Daytime Phone #

CR2E034 (5/00)